




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 006 ****70.00

DOCUMENT # 768135 1. Entity Name WALTON COUNTY POST NO. 4437 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 25 SOUTH 25TH ST DEFUNIAK SPRINGS, FL 32435 US			Mailing Address 25 SOUTH 25TH ST DEFUNIAK SPRINGS, FL 32435 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6162512	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERTS, JAMES JR 408 DR. ROBERTS DR. DEFUNIAK SPRINGS, FL 32433				7. Name and Address of New Registered Agent Name DOYLE S OWNBY Street Address (P.O. Box Number is Not Acceptable) 62 WILDERNESS TERRACE City DEFUNIAK SPRINGS FL 32435	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ROBERTS, JAMES W JR 408 DR. ROBERTS DR. DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC DOYLE S OWNBY 62 WILDERNESS TERRACE DEFUNIAK SPRINGS FL 32435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV HEATH, TALMIDGE 676 CIRCLE DR. DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV EDGAR P. JEFFERY 100 BONNIE BROOK LANE DEFUNIAK SPRINGS FL 32435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DJV SHOTTROFF, ALBIN 1800 HWY C-280 A DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DJV LEEONAS YOAN 370 JUNIPER LAKE ROAD DEFUNIAK SPRINGS FL 32435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.					
SIGNATURE 			7-2-05 850 892 5704		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50054995



06292005 Chg-NP CR2E037 (10/03)

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

DOYLE S OWNBY

62 WILDERNESS TERRACE

DEFUNIAK SPRINGS FL 32435

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
ROBERTS, JAMES W JR
408 DR. ROBERTS DR.
DEFUNIAK SPRINGS, FL 32433

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DSV
HEATH, TALMIDGE
676 CIRCLE DR.
DEFUNIAK SPRINGS, FL 32435

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DJV
SHOTTROFF, ALBIN
1800 HWY C-280 A
DEFUNIAK SPRINGS, FL 32435

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
DOYLE S OWNBY
62 WILDERNESS TERRACE
DEFUNIAK SPRINGS FL 32435

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DSV
EDGAR P. JEFFERY
100 BONNIE BROOK LANE
DEFUNIAK SPRINGS FL 32435

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DJV
LEONAS YOAN
370 JUNIPER LAKE ROAD
DEFUNIAK SPRINGS FL 32435

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #